

U.S. DISTRICT COURT FOR THE DISTRICT OF DELAWARE

PAUL L. McCONOMY, SR., (PLAINTIFF)

V.

STATE OF DELAWARE, GOVERNOR
RUTH ANN MINNER, STANLEY TAYLOR,
DR. TAMMY KASTRE (CEO-F.C.M.), DR. SATIE ALIE
et alDISTRICT COURT
JUDGE: SUE L. ROBINSONFILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2006 MAY -5 PM 2:00
CIV. NO.
05-785-SLR

TO THE HONORABLE COURT OF APPEALS, THIRD CIRCUIT:

YOUR HONORS:

THIS APPEAL IS TO REINSTATE THE EIGHT(8) DEFENDANTS WHICH JUDGE ROBINSON DISALLOWED. THE ENCLOSED DOCUMENTS VERIFY THE DIRECT INVOLVEMENT OF GOV. MINNER, STANLEY TAYLOR & DR. TAMMY KASTRE. DR. KASTRE WAS CEO OF F.C.M. AND SUPERVISOR TO DR. ALIE, WHO VIOLATED MY MEDICAL CIVIL RIGHTS BY TAKING AWAY MY G-PAP (NOV. 11th 2003) AND BY NOT PROVIDING A PROPERLY FUNCTIONING G-PAP AND G-PAP MASK IN THE LATTER PERIOD OF MY INCARCERATION. THE OTHER PARTIES (DR. RICHARD H. MILES, DR. MIKE HOOPER, DR. RODGERS, WARDEN RICK KEARNEY, WARDEN WILLIAMS, ADMINISTRATOR CHRIS MELANEY AND WARDEN CARROLL) SHOULD BE REINSTATED, ALSO,

due to the numerous GRIEVANCES, LETTERS and
 IN PERSON, CONTACTS AND PLEAS, I MADE TO
 THEM FOR RELIEF OF MY EXTREME
 PHYSICAL & MENTAL TORTURE DURING
 THE 24(+) MONTHS OF IMPROPER (NON-MEDICAL)
 TREATMENT, WHILE BEING HOUSED IN THE
 INFIRMARIES OF ALL THREE DELAWARE
 PRISONS (^(GANDER HILL) YOUNG - SMYRNA - SCI / GEORGETOWN)

TOWARDS THE END OF 2004, DR. ALIE SAID,
 ON SEVERAL OCCASSIONS, that she would obtain
 the PROPER NASAL MASK TO MAKE THE CPAP,
 she ordered, WORK PROPERLY! SHE, FINALLY,
 CONFESSED THAT SHE COULD NOT GET HER
 SUPPLIER TO COME UP WITH THE PROPER MASK
 AND ASKED ME TO HAVE MY FAMILY BUY (\$)
 ME A MASK THAT she would reimburse us for.

THE WHOLE LIST OF DEFENDANTS WERE
 COMPLICIT IN THEIR BAD OR INSUFFICIENT
 MEDICAL TREATMENT. THEY EITHER IGNORED MY
 COUNTLESS COMPLAINTS OR SHIPPED ME AROUND TO
 ALL INFIRMARIES, HOPING my CONDITION would just
 GO AWAY ???

YOUR HONORS, PLEASE UNDERSTAND THAT MY illness was not given adequate attention or importance. The attitude that we are "just inmates" and deserve "extreme punishment" beyond normal incarceration is why The Federal Government is launching a major investigation into the operations of the, so called, "Prison Medical" system !!!

PLEASE, Reinstate my ORIGINAL

(12) Defendants which includes: THE STATE OF DELAWARE, GOV. MINNER, COMMISSIONER STANLEY TAYLOR, DR SATTIE ALIE, DR. TAMMY KASTRE

(CEO F.C.M.), DR. Richard MILES (CEO-NEW MEDICAL CO.)

DR. MIKE HOOPER (Replaced DR. ALIE AFTER SHE WAS TERMINATED), DR. RODGERS (SMYRNA), WARDEN RICK KEARNEY, WARDEN WILLIAMS, ADMINISTRATOR, CHRIS MELANEY, AND WARDEN CARROLL.

(See DR. TAMMY KASTRE WAS MY "PRIMARY" PHYSICIAN FOR BOTH SLEEP STUDIES)
(See DOC'S ENCLOSED) RESPECTFULLY SUBMITTED,

THIS 5th day of MAY, 2006

Paul J. McCrory Jr.



STATE OF DELAWARE
OFFICE OF THE GOVERNOR

RUTH ANN MINNER
GOVERNOR

← TYP0 ... SHOULD BE "McCONOMY"

July 29, 2005

Mr. Paul "McCovony"
C/O Charlie Colt
2380 Sunset Lake Road
Newark, DE 19702-3619

← TYP0 ... SHOULD BE → C/O CHARLIE GOLT

Dear Mr. McCovony:

Thank you for contacting Governor Ruth Ann Minner. The Governor is in receipt of your letter, and has asked the office of constituent relations to respond on her behalf. Governor Minner appreciates it when fellow Delawareans take the time to communicate directly on the many issues we face in Delaware.

I have asked Department of Correction Commissioner Stanley W. Taylor to review your letter and take appropriate action. Thank you for taking the time to write to Governor Minner.

Sincerely,

Barbara Brown
Director, Office of Constituent Relations

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

PAUL L. McCONOMY, SR.,)

Plaintiff,)

v.)

Civ. No. 05-785 SLR

STATE OF DELAWARE, GOVERNOR)

RUTH ANN MINNER, WARDEN)

STANLEY TAYLOR, MD SATTIE)

ALIE, DOCTOR TAMMY KASTRE,)

MD RICHARD H. MILES, MD MIKE)

HOOPER, MD RODGERS, WARDEN)

RICK KEARNEY, WARDEN WILLIAMS,)

ADMINISTRATOR CHRIS MELANEY,)

and WARDEN CARROLL,)

Defendants.)

ORDER

At Wilmington this 30th day of November, 2005,
the Court having considered the application to proceed without
prepayment of fees under 28 U.S.C. § 1915;

IT IS ORDERED that the application is GRANTED.

/s/Sue L. Robinson

United States District Judge

see SLEEP STUDY
DATED
4-1-4
&
11-18-5

ST. FRANCIS HOSPITAL
7th and CLAYTON STREETS
WILMINGTON, DE 19805
www.stfrancishealthcare.org

Neurodiagnostics/Sleep Center
Phone: (302) 421-4500
Fax: (302) 421-4136

PATIENT: Mcconomy, Paul

DATE OF STUDY: 11/18/2005

Account Number: W007398571

Sex: Male

D.O.B.: 4/15/1944

Req. Physician: Dresser, Lee P. M.D.

Age: 61

LOC: WCPN

Primary Physician: Kastre, Tammy

Interpretation Date: 11/23/2005

POLYSOMNOGRAM AND SPLIT NIGHT POSITIVE AIRWAY PRESSURE TITRATION

DESCRIPTION: This polysomnogram was performed with continuous monitoring of EEG, EOG, and chin and bilateral tibialis anterior EMG. Nasal and oral airflow, and respiratory effort were measured. Pulse oximetry and electrocardiographic data were recorded. A microphone and video camera were used to document snoring and sleep movement. Positive airway pressure therapy (PAP) was employed during the second half of the study to eliminate observed respiratory events.

HISTORY: The patient is a 61-year-old man with previously documented obstructive respiratory events during sleep who has a BMI of 32.3. He has diabetes and hypertension. This study is undertaken to assess for sleep apnea and to titrate positive airway pressure therapy.

FINDINGS: The overnight polysomnogram consists of 6 hours of sleep with a sleep efficiency of 85.3%. The sleep latency was .5 minutes and REM latency was 64.5 minutes, which is normal when compared to a normal range of 60 to 120 minutes. Sleep architecture demonstrates 10.0% Stage I, 50% Stage II, 28% Slow Wave Sleep, and 11.6% REM sleep. The sleep disturbance index was 10.8 events per hour of which 3.7 events per hour were associated with respiratory events, and 0.0 events per hour were associated with limb movements.

Prior to initiation of PAP, the total respiratory disturbance index (RDI) was 26.3 with a supine RDI of 31.1. The REM RDI was 66.7 events per hour. Oxygen desaturations observed were down to 75 with a mean sleep saturation of 88 and 37.8% of their sleep time below 90% saturation. No significant limb movements were noted.

POSITIVE AIRWAY PRESSURE TITRATION: Because of the above described respiratory events, the second half of this study was utilized to titrate positive airway pressure (PAP) therapy. The patient was begun at a pressure of 4 cm of H₂O. The pressure was increased by 2 cm for respiratory events and 1 cm for snoring to an optimal pressure of 12 cm H₂O. This pressure eliminated most respiratory events, snores and desaturations. The mask utilized to deliver the PAP therapy was a Respironics Comfort Classic Sm nasal. The patient refused a full face mask. Heated humidification was used since he complained of the air being cold.

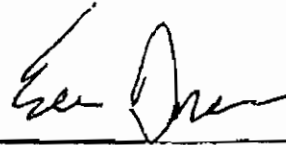
INTERPRETATION: This study documents significant obstructive respiratory events. PAP therapy was successful in treating the sleep disordered breathing. The optimal pressure appeared to be 12 cm H₂O. Home therapy should be employed as clinically indicated. The use of a humidifier in conjunction with PAP therapy is recommended to eliminate airway dryness. Diagnostic Code: 780-53-0.

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PATIENT: Mcconomy, Paul

DATE OF STUDY: 11/18/2005



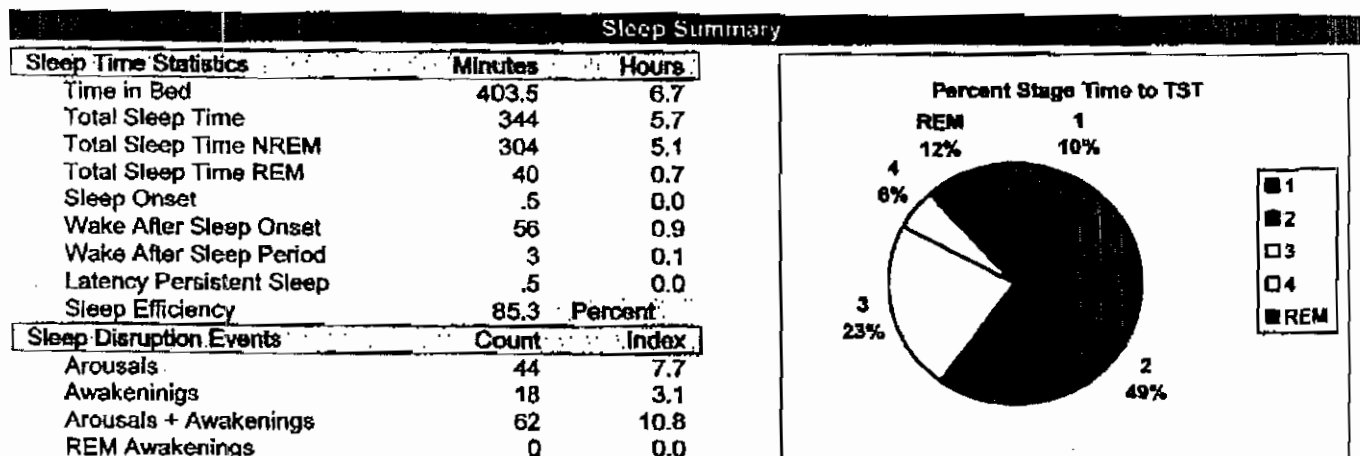
Lee P. Dresser, M.D.
Diplomate, American Board of Sleep Medicine

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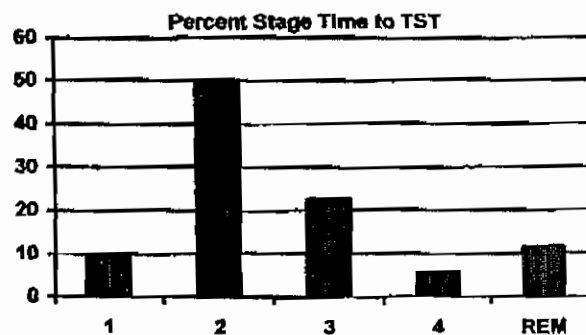
PATIENT: Mcconomy, Paul

DATE OF STUDY: 11/18/2005



Sleep Stage Statistics	Wake	1	2	3	4	REM	
Percent Stage to SPT	14.0	8.6	43.0	19.5	4.9	10.0	Percent
Sleep Period Time in Stage	56	34.5	172	78	19.5	40	Minutes
Latency to Stage		.5	2.5	24	29	64.5	Minutes
Percent Stage to TST		10.	50	22.7	5.7	11.6	Percent
Sleep Stage Statistics	Wake	1	2	3	4	REM	
Percent Stage to SPT	0.1	0.1	0.4	0.2	0.0	0.1	Percent
Sleep Period Time in Stage		34.5	172	78	19.5	40	Minutes
Latency to Stage		.5	2.5	24	29	64.5	Minutes
Percent Stage to TST		10.	50	22.7	5.7	11.6	Percent
Total Sleep Time	344	Minutes					
TST Supine	324.5	Minutes					
TST Side/Prone	20	Minutes					
Recording Time(RT)		Minutes					
Minutes	%TST	Norm					
Stage I	34.5	10.	03-09%				
Stage II	172	50	47-67%				
Stage III/IV	97.5	28.3	03-21%				
REM	40	11.6	20-29%				
	Count	Index	Norm Count				
Arousals	44	7.7	<40				
Awakenings	18	3.1	<7				
Arousals + Awakenings	62	10.8					

Sleep Efficiency	85.3	Percent	Norm >90%
Sleep Onset	.5	Minutes	
REM Latency	64.5	Minutes	



Neurodiagnostics/Sleep Center
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PATIENT: Mcconomy, Paul

DATE OF STUDY: 11/18/2005

RESPIRATORY SUMMARY

Event Statistics	Supine			Non-Supine			Total		
	Pre Tx	Post Tx	Total	Pre Tx	Post Tx	Total	Pre Tx	Post Tx	Total
Total A + H	55	7	62	0	0	0	55	7	62
AHI	31.1	1.9	11.5	0.0	0.0	0.0	26.3	1.9	10.8
Obstructive	44	1	45	5	0	0	44	1	45
Central	0	2	2	0	1	0	0	2	2
Mixed	0	0	0	0	0	0	0	0	0
Hypopnea	11	4	15	0	0	0	11	4	15
REM A + H	5	1	6	0	0	0	5	1	6
REM AHI	66.7	1.7	9.0	0.0	0.0	0.0	66.7	1.7	9.0

SaO2 Statistics	SaO2 – Pre Tx			SaO2 – Post Tx			SaO2 – Total		
	Min	Max	Mean	Min	Max	Mean	Min	Max	Mean
NREM	75	97	88	88	98	95	75	98	92
REM	76	91	85	88	98	96	76	98	95
Total	75	97	88	88	98	95	75	98	93

	Pre Tx	Post Tx	Total
Percent of TST with SaO ₂ < 90%	62.2	1.8	23.8

PLMS Summary

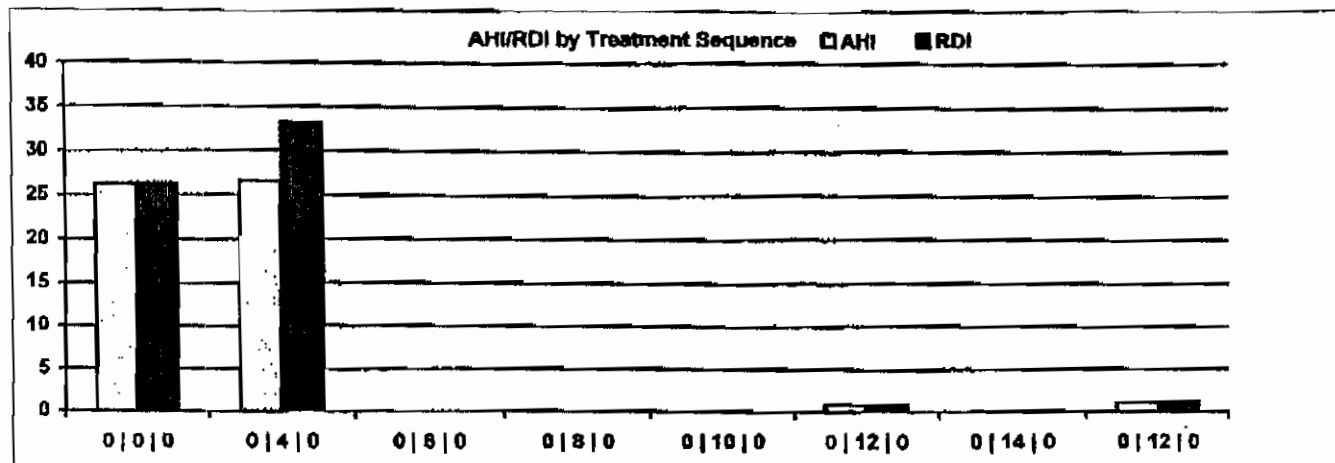
PLMS Event Statistics	Non REM			REM			Total		
	Pre Tx	Post Tx	Total	Pre Tx	Post Tx	Total	Pre Tx	Post Tx	Total
PLMS w/Arousal	0	0	0	0	0	0	0	0	0
PLMS w/Arousal Index	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
PLMS w/Awakening	0	0	0	0	0	0	0	0	0
PLMS w/Awakening Index	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
PLMS w/Arousal + Awakening	0	0	0	0	0	0	0	0	0
PLMS w/Arousal + Awakening Index	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total PLMS	0	0	0	0	0	0	0	0	0
Total PLMS Index	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

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Fax: (302) 421-4136

PATIENT: Meconomy, Paul

DATE OF STUDY: 11/18/2005



PATIENT NAME: MCCONOMY, PAUL L SR
ACCOUNT NUMBER: W005622717
REQ. PHYSICIAN: Kastre, Tammy
ADMISSION DATE:
SERVICE DATE: 04/01/04

SEX: M UNIT#: W1398189
AGE: 59 D.O.B.: 04/15/44
FAM. PHYSICIAN: Kastre, Tammy
LOC: WCPN

DD: 04/05/04
DT: 04/08/04

cc: CPN Files
T. Kastre

Enc.

Lee P. Dresser, M.D.

cc:

FROM : ST FRANCIS SLEEP LAB

PHONE NO. : 3024214136

Oct. 03 2005 04:13PM P1

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AGE: 59 D.O.B.: 04/15/44
FAM. PHYSICIAN: Kastre, Tammy
LOC: WCPN

OVERNIGHT POLYSOMNOGRAM

PATIENT HISTORY: A 59-year-old, obese male with hypertension and diabetes with reported sleep apnea, loud snoring, difficulty breathing, excessive sleepiness. He reportedly has been using a machine for 15 years, but this has summarily discontinued. A nocturnal Polysomnogram is done to assess continuing possible obstructive sleep apnea.

DESCRIPTION: Lights out for the study was at 23:59:31 with the patient in the supine position. The patient slept in the supine position the entire night, but remained this way because he was shackled. The sleep onset latency for the study was markedly prolonged at 78.5 minutes. The REM onset latency was 173.5 minutes. There was no delta sleep during the study. The sleep efficiency for the study was poor at 60% with 3.1 hours of total sleep time. After extended and lengthy sleep latency, the patient fell asleep approximately 70.5 minutes after lights out and had recurrent central events with and without arousals, desaturations into the mid to low 80 percentile. In the supine position, later central and obstructive events with and without arousals fragmented the patient's sleep. This was accompanied by loud snoring, crescendo snoring and paradoxical breathing. Long periods of wakefulness did fragment the patient's sleep contributing to poor sleep efficiency. Throughout the night when the patient was asleep, obstructive and central events with and without arousals and desaturations were present in almost every epoch.

Review of the technical data revealed a markedly elevated respiratory disturbance index of 32 with 116 events, 45 arousals and 23 awakenings. The minimum O2 saturation was 72%. The snore and PLM indexes were not elevated during the study. The arousal index was markedly elevated at 25.7 with 93 arousals or awakenings fragmenting the patient's sleep.

IMPRESSION: Evidence of moderately severe obstructive sleep apnea (780.53-0) worse in the supine position. Treatment options for this patient could be with CPAP titration or resuming CPAP, weight loss and refraining from sleeping in the supine position to improve overall sleep hygiene.

00504

Richard J. Schumann, Jr., M.D.

SCHRIR:AKM



FAMILY EAR, NOSE & THROAT PHYSICIANS, P.A.

TIMOTEO R. GABRIEL, JR., M.D.
MICHAEL T. TEIXIDO, M.D.
GERALD D. SUH, M.D.
KIERAN M. CONNOLLY, M.D.

January 11, 2006

Mr. Paul McConomy Sr.
110 North Poplar Street
Wilmington, DE 19801

Dear Mr. McConomy:

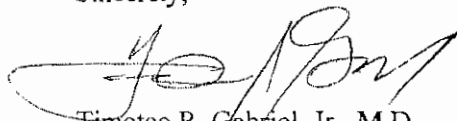
As you have requested, I am sending you this letter to explain your medical condition and your need to use a C-PAP machine where you are currently staying. You indicated to me that you will show this letter to Mr. Thomas Layman, who is in charge of the Sunday Breakfast Mission where you are staying at night. It is hoped that Mr. Layman will understand the reason why you need to use the C-PAP machine and will allow you to use this machine while you are at the Sunday Breakfast Mission.

Mr. Paul McConomy was evaluated by me on January 11, 2006. He has a long history of having obstructive sleep apnea syndrome. He was initially diagnosed about 22 years ago and has been using the C-PAP machine since that time. However, he was unable to use the machine when he was sent to prison from November 2003 to September 2005. After release from the prison, he has been reevaluated for sleep apnea. He had seen Dr. Lee Dresser who diagnosed him with severe obstructive sleep apnea syndrome based on a sleep study. Dr. Dresser had recommended that he use the C-PAP machine and this has been found on further testing to be very effective in controlling his sleep apnea. After my evaluation, I told Mr. McConomy that indeed, the best way of treating his sleep apnea would be to use the C-PAP machine. The use of the C-PAP machine will eradicate his snoring and also control his symptoms of sleep deprivation, being tired all of the time, memory loss, lack of concentration and shortness of breath. The use of the C-PAP will also prevent possible complications such as high blood pressure and cardiovascular problems. * 11-18-06

I strongly recommend that Mr. Paul McConomy be allowed to use his C-PAP machine while he is sleeping at night at the Sunday Breakfast Mission. The machine itself is very quiet and would not bother other people in the mission. The added benefit of course is that it will resolve Mr. McConomy's snoring. The C-PAP machine will also resolve Mr. McConomy's serious health condition of sleep apnea.

If you have any further questions regarding this, please do not hesitate to let me know.

Sincerely,


Timoteo R. Gabriel, Jr., M.D.
TRG/drj

* I was evaluated, also, after
NOV 11th 2003 (WHILE STILL IN PRISON),
ON APRIL 1st 2004, after many filed
GRIEVANCES! see copies of both
sleep studies enclosed. PghC
5-3-6

WILMINGTON NEUROLOGY CONSULTANTS, P.A.

WILLIAM SOMMERS, D.O., LEE P. DRESSER, M.D., N. JOSEPH SCHRANDT, M.D.
RICHARD J. SCHUMANN, JR., M.D., K. ALVIN LLOYD, M.D.

October 14, 2005

Khaja Yezdani, M.D.
Family Care Associates
191 Christiana Road
Suite 3
New Castle, Delaware 19710

Patient: Paul McConomy
Date: 10/14/2005

Dear Dr. Yezdani:

I had the pleasure today of seeing Paul McConomy who is a very pleasant, 61-year-old, right-handed, white man with a history of obstructive sleep apnea.

History of Present Illness: As you know, he was recently released from prison after being incarcerated for 30 months. While in prison, his CPAP machine was taken away from him and then replaced but with an inadequate mask such that he has not been on the CPAP since November, 2003. He does not have a machine at home, and is bothered by significant excessive daytime sleepiness. He will fall asleep during the day, and has been noted to be a loud snorer. His sleep study in April, 2004 showed a respiratory disturbance index of 32 events per hour and oxygen desaturations to as low as 72%. He was originally studied at Chester-Crozer Hospital, approximately 20 years ago, and started with CPAP at that time. He is quite upset at the prison system, and is contemplating legal action. He has complaints of intermittent swelling of his right leg and intermittent numbness of his left fifth toe. He had an MRI of his back while hospitalized that apparently showed some type of "mass," which is not further characterized, and no MRI reports are currently available.

Medications: None except vitamins.

Allergies: None known.

ADULT NEUROLOGY • ELECTROENCEPHALOGRAPHY • ELECTROMYOGRAPHY • SLEEP MEDICINE

620 Stanton-Christiana Road, Suite 302, Newark, Delaware
302.892-9400 phone * 302.892.9407 fax

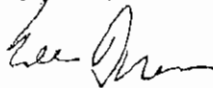
WILMINGTON NEUROLOGY CONSULTANTS, P.A.WILLIAM SOMMERS, D.O., LEE P. DRESSER, M.D., N. JOSEPH SCHRANDT, M.D.
RICHARD J. SCHUMANN, JR., M.D., K. ALVIN LLOYD, M.D.

November 11, 2005

To Whom It May Concern:

Mr. Paul Mc Conomy is a patient of mine with obstructive sleep apnea. This is a serious medical condition that requires treatment with continuous positive airway pressure therapy or surgery. If left untreated this will result in daytime sleepiness and can cause hypertension and heart failure.

Sincerely yours,



Lee Dresser, MD

DEA#

*Advanced Ears, Nose and Throat, LLC*St. Francis Hospital MOB, Suite 506
7th and Clayton Streets Wilmington, DE 19805
Phone: (302) 571-1250 • Fax: (302) 571-1255

Joseph I. Ramzy, MD

Name:

Paul McConomy

Address

Date

11/10/05

R *Pt had appt @ 5:20 PM
& was not seen until
6:00 PM. He has a case
of severe obstructive*

Refill _____ times PRN NR

Substitution Permitted

*sleep apnea
which threatens his
health and welfare*
In order for a brand name product to be dispensed, prescriber must hand write
"Brand Necessary" in the space below.

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